Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/9/2010</u>	Address:	SR 48 / VERNAL PIKE	
Case #:	<u>33-30024</u>		BLOOMINGTON, IN	
County:	Monroe			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Check all the Lithium Red Photo Flamma Water F Anhydr Mydrock Corrosir Cor	nd: Location (bedroom, kitchen, open ain apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): OPEN ous Ammonia: hloric Acid Gas Generator(s): OPEN ve Acid: ve Base: tem and location):	r, etc)		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencies		Ephedrin Retail/Mo Other:	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: s that serve the location:	
Health Dep	ment: Bloomington Fire Dept artment: Monroe County Health ction Service:	Fax: Hand Fax: 812-3 Fax:	39-6481	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jon L. Patrick</u> Phone <u>812-332-4411</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.